

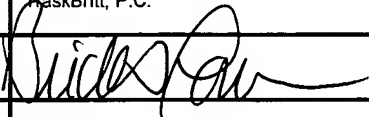
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office petition
PTO/SB/21 (09-04)DAC
ZhuApproved for use through 07/31/2006. OMB 0651-0031
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OFFICE TRANSMITTAL FORM JAN 27 2006 U.S. PATENT AND TRADEMARK OFFICE (To be used for all correspondence after initial filing)	Application Number	10/646,420	
	Filing Date	August 22, 2003	
	First Named Inventor	Corisis et al.	
	Art Unit	2891	
	Examiner Name	D. Zarneke	
Total Number of Pages in This Submission	9	Attorney Docket Number	2269-4814.1US (01-0040.01/US)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Withdrawal from issue to permit consideration of an Information Disclosure Statement under § 1.97 (37 C.F.R. § 1.313(c)(2)) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Request for Continued Examination; authorized to charge fee to Deposit Account 20-1469 <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Copy of Part B – Issue Fee Transmittal
Remarks The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 AND 1.17 TO Deposit Account 20-1469 during pendency of this application.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	TraskBritt, P.C.		
Signature			
Printed Name	Brick G. Power		
Date	January 27, 2006	Reg. No.	38,581

CERTIFICATE OF MAILING	
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